

Order #: [REDACTED] Patient Name: [REDACTED]  
Hospital Number: [REDACTED] Exam Date: 04/20/2010 10:15  
Attending Physician: [REDACTED] Date of Birth: [REDACTED]  
Account Number: [REDACTED]  
Patient Current Location: 06H060191  
Requesting Service: ERMADULT  
CAIS Order #: 00001  
Final  
Requesting Physician: [REDACTED] 04/22/2010 11:29

Copies To:

Exam(s): CT HEAD W/O CONTRAST

CT head without contrast.

Indication: AMS.

Technique: Serial axial images of the brain were obtained without IV contrast.

Findings: No acute intracranial hemorrhage or infarct is identified. The ventricles are symmetric and within normal limits for size. No mass lesions or shifting of midline structures is seen. The visualized osseous structures are without gross fracture.

Impression:

No acute intracranial infarct or hemorrhage identified.

I, the undersigned Attending Radiologist reviewed the images, participated in the key portions of the procedure if required, edited the final report and agree with the final interpretation.

Attending: [REDACTED]

Resident: [REDACTED]

Verifying: [REDACTED]

Dictated: 04/20/2010 10:26  
Transcribed: 04/22/2010 10:34